

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN7404	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01  B. WING: _____	(X3) DATE SURVEY COMPLETED  03/27/2017
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

RIDGETOP HAVEN HEALTH CARE CENTER

2002 GREER ROAD  
RIDGETOP, TN 37152

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 848	<p>1200-8-6-.08 (18) Building Standards</p> <p>(18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.</p> <p>This Rule is not met as evidenced by: Based on observations and testing, the facility failed to maintain negative air pressure in soiled spaces.</p> <p>The findings included:</p> <p>Observation on 3/27/17 at 11:02 AM, revealed the facility failed to maintain negative air pressure inside the Soiled (dirty) Laundry Room.</p> <p>This finding was verified by the maintenance director during the facility tour and was acknowledged by the administrator during the exit conference on 3/27/17.</p>	N 848	<p>On April 5, 2017 the Maintenance Director replaced the fan in the soiled utility room to maintain negative air pressure.</p> <p>On April 5, 2017 all other negative pressure fans were inspected by the Maintenance Director and no other issues were identified. The inspection of negative pressure fans has been added to the preventative maintenance schedule.</p> <p>On April 12, 2017 the Maintenance Director was in-serviced by the Administrator on the importance of maintaining negative pressure fans.</p> <p>The Administrator or designee, on an ongoing basis, will monitor compliance during compliance rounds. Findings from the compliance rounds will be referred to the Safety Committee for review and resolution.</p>	4-12-17

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6080

G3GL21

Administrator

4/26/17

If continuation sheet 1 of 1